

**"FEE ADDRESS" INDICATION FORM**

Address to:

**MAIL STOP M CORRESPONDENCE**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Fax to:

571-273-6500

- OR -

**INSTRUCTIONS:** The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. **When to check the first box below:** If you have a Customer Number to represent the fee address. **When to check the second box below:** If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) §403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

☒ Customer Number: Computer Patent Annuities (CPA)

00197

Customer Number

**OR**

☐ The attached Request for Customer Number (PTO/SB/125) form

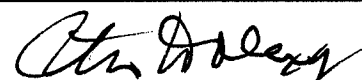
PATENT NUMBER  
(if known)

APPLICATION NUMBER

10/574,839

Completed by (check one):

☐ Applicant/Inventor



Signature

☒ Attorney or Agent of record 24,513  
(Reg. No.)

Peter D. Olexy

Typed or printed name

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73 (b) is enclosed.  
(Form PTO/SB/96)

202-293-7060

Requester's telephone number

☐ Assignment recorded at Reel \_\_\_\_\_ Frame \_\_\_\_\_

August 28 2009

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.